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**УБИСТВО И САМОУБИСТВО У НАУЧНОМ
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Издавач

Институт за српску културу Приштина – Лепосавић
имејл: institut.skr@gmail.com

За издавача

Проф. др Драган Танчић

Главни и одговорни уредник издавачке делатности

Проф. др Драган Танчић

Уредили и приредили

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Др Петар Ристановић, научни сарадник

Научни савети и публикације

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Приштина – Лепосавић

Др Јасмина Ахметагић, научни саветник, Институт за српску културу
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Приштина – Лепосавић

Лектура и коректура

Др Јелена Војиновић Костић, ванредни професор

Компјутерска обрада

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*Dalibor Z. VELOJIĆ**

Institute for Serbian Culture Priština – Leposavić

MORTALITY RATES OF SOLDIERS IN THE REGION OF THE KOSOVO MILITARY DIVISION 1919–1934**

Abstract: This paper deals with mortality rates of soldiers in garrisons of the Kosovo division area, based on statistical data found. It primarily focuses on the conditions in which the garrisons functioned, measures undertaken to improve hygiene, as well as on the number of deceased persons. As a source, statistical data from military medical annual journals and archive documents were used.

Keywords: Royal Yugoslav Army, Kosovo and Metohija, Kosovo division, mortality rate, malaria, tuberculosis, typhoid fever, pneumonia.

To observe mortality rate of recruits in a garrison, or a military administrative territory, such as a region of a military division, it is necessary, first of all, to take into account hygiene conditions of the terrain itself, as well as general education of the population concerning health matters. In this particular case, it means observing the condition during the period of peace, which excludes any violent impact of the human factor, while the statistical data can be applied more precisely.

Military division of Kosovo was formed after the end of World War I as part of the 3rd Army group positioned in southern parts of the country. Immediately after the liberation of the country, it was on the border with Albania that an armed conflict arose, which confirmed the need to secure that same border and protect communication in the rear. The force of Albanian army itself, did not pose a problem for Yugoslav military command,¹ however, its activity was

* Research Associate, Institute for Serbian Culture, Priština, Leposavić, ORCID 0000-0002-2896-275X, d.velojic@yahoo.com

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1 The study of the 3rd Army command of 1927, analyzed the strength of Albanian army, which consisted of 7- 8.000 people grouped in four infantry, one guards and one attack battalion, nine independent squadrons and three batteries. There was also a gendarmerie of 4.000 people, while 2.000 members of reserve force were summoned to secure the border. If Albania were to call for mobilization, the number of people would rise to 10.000 soldiers and 50.000 militia members. The study stated that people were not skilled enough and there were not enough commanders.

perceived as part of the Italian army, therefore, the war plans predicted mostly defensive action in these directions.² The border with Albania, was secured in Montenegro by troops of the Zeta division unit (2nd Army group), and on the territory of Kosovo and Metohija and Macedonia, the Kosovo and the river Vardar division units, as parts of the 3rd Army group. By establishing a new military territorial distribution, the units of the Kosovo division (headquarters in Priština) were positioned in three military districts: Priština, Kosovska Mitrovica and Prizren, where they formed infantry regiments as well. Besides, the division unit also consisted of two artillery regiments, as well as other smaller units, such as a field hospital, a non-combat squad, a vehicle squadron, weapon, engineer and intendant storage units and a military orchestra.

Table 1: *Military units of the Kosovo division*³

Kosovo division unit (Priština Headquarters)				
Kosovo infantry brigade (Prizren headquarters)			Kosovo artillery brigade (Kosovska Mitrovica headquarters)	
24. infantry regiment	30. infantry regiment	31. infantry regiment	12. artillery regiment (Kosovska Mitrovica)	28. artillery regiment (Priština)
Kosovska Mitrovica with machine gun squad	Prizren with machine gun squad	Priština with machine gun squad	1. field artillery battalion	1. field artillery battalion
1. K. Mitrovica battalion	1. Prizren battalion	1. Uroševac battalion	K. Mitrovica	Priština
2. Peć battalion	2. Prizren battalion	2. Priština battalion	1. battery	1. battery
3. Novi Pazar battalion	3. Đakovica battalion	3. Priština battalion	K. Mitrovica	Priština
4. K. Mitrovica battalion	4. Đakovica battalion	4. Vučitrn battalion	2. battery	2. battery
			K. Mitrovica	Priština
			3. battery	3. battery
			K. Mitrovica	Priština
				5. mountain gun battalion
				Priština
				1. battery
				Prizren
				1. battery
				Đakovica
				2. battery
				Prizren
				3. battery
				Prizren

Military units in the territory of the Kosovo division were formed under the state of war (Albanian mutiny), which definitely made the situation more difficult for the military command, but, we should also consider the fact that

Considering weapons, they had about 100.000 rifles and about 30.000.000 bullets. In case of potential conflict, part of the forces would come towards the Zeta division and towards the Greek border, meaning that the 3rd Army group would have to face 50-60.000 Albanian soldiers, positioned in the confluence of the upper course of the river Drim (Tropoja, Kuma, Kransići, Has, Luma), in the middle in the valley of the Crni Drim river (Kleš, Piškopeja, Debar, Buldiza), and in the confluence of the upper course of the river Škumba and vicinity of Korča. This plan of deployment would direct the main offensive operations in the valley of the river Beli Drim (Peć, Đakovica, Prizren). Војни архив (ВА), Пописник (П) 17, Кутија (к.) 517, Фасцикла (ф.) 3, документ (д.) 3, Команда III армијске области Стр. Пов. Ђ. Бр. 337 од 14. октобра 1927.

2 ВА, П 17, К 17, 5/27 план И₂, 6/28 допуњен план И₃, 6/177 план И₃Ар, 7/1 план И₄Ар, К 18, 1/1 план И₇М₆АрБ₇, 3/1 план Д (И₇М₆АрБ₇Ау); Упоредити: Бјелајац 1994 206-212; Тешић 1991 27-57; Велојић 2017, 46-70.

3 Table based on: Бјелајац 2004, 337; „Југославија“ *Војна енциклопедија*, IV, 113.

daily activities were confined by bad conditions in terms of accommodation and inability to provide better training for recruits. Immediately after the liberation, it was found that military barracks were in such a bad state that soldiers were accommodated in private buildings or tents everywhere except for Kosovska Mitrovica (Тасић 2008, 56). However, before looking into garrison conditions that could have affected the health of recruits, it is necessary to analyze cultural and social conditions in Kosovo and Metohija, considering that the army had to adapt to the surroundings in which it functioned and acted, but it also contributed to modernization process reflected in building modern facilities and communication lines, spreading literacy among recruits and the population, and participating in other cultural programs in cooperation with the local authorities.

Inadequate conditions in Kosovo and Metohija were the result of the Turkish influence, but also the fact that Albanian population was at a low cultural level. Towns such as Priština, Prizren, Uroševac, Mitrovica were slow to accept the modernization process, so the people lived in rather bad hygienic conditions. Priština was claimed to have a problem with drinking water in 1930s and with its muddy streets resembled an unkempt oriental settlement (*Приватни животи код Срба* 2007, 553). Nearby villages were similarly primitive in appearance: *"Homes are really primitive, especially those of the Arnauts in the mountains. Houses are built of mud and straw, with earthen floor, low ceilings, small windows, with 5 to 12 people of different gender living in the same room. Adjacent to this room or below it, there are animals, sheep and goats. The wealthy have houses of the same type. Homes of the Serbs are similar to the Arnaut ones, however, Turkish homes are better and have two stories. Homes of Serbian settlers are built with baked brick, are high with plenty of volume and air, with big windows, high ceilings and plank floors. Houses in the mountains are scattered, occupying a larger space than the houses in the plains, where they are lined and grouped together"*.

Prizren, once an important town, according to this source, started dying out, Uroševac was mainly populated by men, without family, who dealt in trade, while Vučitrn lost its trade importance due to vicinity with Mitrovica. In this place, one-store Turkish-Balkan type of the house remained, while the slums were still ethnically divided (*Приватни животи код Срба* 2007, 554). The population in the district of Priština, according to military statistical data, had very poor nutrition and primitive homes, especially the Arnaut people. Toilets were primitive or non-existent. Nearby villages were also primitive: *"Homes are really primitive, especially those of the Arnauts in the mountains. Houses are built of mud and straw, with earthen floor, low ceilings, small windows, with 5 to 12 people of different gender living in the same room. Adjacent to this room or below it, there are animals, sheep and goats. The wealthy have houses of the same type. Homes of the Serbs are similar to Arnaut ones, however, Turkish homes are better and have two stories. Homes of Serbian settlers are built with baked brick, are high with plenty of volume and air, with big windows, high ceilings and plank*

floors. Houses in the mountains are scattered, holding a larger space than the houses in the plains, where they are lined and grouped together”⁴

In the military district of Kosovska Mitrovica, condition in towns was bad, due to unhygienic living areas and poor nutrition. Diseases were common, especially in kids, tuberculosis being the most frequent one.⁵ In Prizren, health situation was not satisfactory, considering nutrition and hygiene habits of the population. Uroševac and Đakovica had somewhat better health conditions with more varied and regular nutrition. Housing was still primitive, toilets unhygienic, with faces in streets: “*Houses in villages are as primitive as they can possibly be i.e. made of wood caked with mud or of unbaked brick. In towns it is possible to find houses made of strong materials somewhere. Air volume is 10m³ on average in village municipalities, whereas in towns it is below 6m³... Considering hygiene, they do not have a clue what to do, and only when a big pile of faeces is made and starts trickling down the walls do they find it necessary to move the excretions from one place to another, because they cannot stand the stench any longer... This is the case with Muslim population, while catholic and orthodox population either have no toilets or they are dug like field latrines*”. The consequence of this were outbreaks of infectious diseases such as typhoid and scarlet fever, which occurred very often, particularly in the summer.⁶

As a result, infectious diseases were common and led to mortality rate of the population (Димић 1997; *Привајни живој код Срба* 2007; Чалић 2004). Conditions on Kosovo and Metohija, including lack of facilities to accommodate soldiers and low rate of literate population, influenced the garrison life in the towns. Epidemics affecting the population from a certain region often coincided with the one affecting soldiers in the barracks. In such situations, military authorities undertook measures through their health bodies, but also through the officers themselves, to provide conditions for better life and work of both recruits and the population, which made military organization one of the significant factors of social modernization (Милосављевић 1926, 113–114).

Improvement of health situation in garrisons of the Kosovo division area, was of utmost importance for the military authorities. Situation found during visits pointed out the need for more serious engagement. The main problems after establishment of garrisons in towns of Kosovo and Metohija were unsatisfactory living conditions in military barracks, inherited from the Turkish period and partly damaged during the occupation. At first, there were cases where soldiers were accommodated in private buildings, while military facilities were often built quickly, as the need for them arose.

In the first years after the war, the authorities were not engaged enough considering the complaints by inspections. The medical report for 1924, quoted bad housing conditions, unhygienic flats and minimum volume of space where

4 *Војно-санијетски статаистички годишњак Краљевине СХС 1926–1927*, Београд, 1928, 205–206.

5 *Ibid*, 206–207.

6 *Ibid*, 207–208.

soldiers lived. Intendant service was criticized for not providing enough good quality clothes and footwear. Military barracks were always built without necessary hygiene requirements, without bathrooms, the lack of which caused skin diseases, lice, ulcers and eczema. Poor nutrition⁷ was also a common cause of digestive tract diseases. Unskilled cooking and simple diet caused various types of intestine and stomach colitis.⁸

After the criticism, suggestions were made to improve the quality of life in the barracks, above all, it was important to build comfortable clean facilities for soldiers, a bathroom next to barracks, a good kitchen area, a laundry room, toilets on concrete floor. Every bigger garrison had to have a disinfection station with skilled technicians to take care of the soldiers' hygiene. General remark about this army group was given concerning the skill of doctors, who were to take the blame for frequent diseases and mortality rate respectively. Troops of the Kosovo division area received a strengthened diet, with regard to their risky service, whereas two medical vehicles were ordered for the garrisons of Prizren and Peć.⁹

The first results were noticeable in 1925, the following year. In Priština garrison a new bathroom building was erected, while the old improvised one remained in use. Laundry was done on a regular basis, lice were found occasionally, disinfection and bathing was compulsory. Kosovska Mitrovica and Peć lacked storage space, three soldiers would sleep in two beds. The winter bathroom in Mitrovica lay within the hospital, but in winter water froze and they did not have a good laundry room, while there was no winter bathroom in Peć. There were no adequate washrooms or dining rooms, and the toilets did not meet minimum requirements.

In Prizren, there was not enough space for accommodation of soldiers, but the food and water quality were satisfactory. A far better situation was in Đakovica, where hygiene conditions were decent, bathing was regular, and accommodation comfortable. Things were also good in Novi Pazar, where each soldier had his own bed and regular baths. The barracks were renovated in Vučitrn the year before, whereas in Uroševac washer women were hired to do the laundry.¹⁰

7 The problem of adequate supply of food existed during the whole inter war period. In Kosovo territory, the goods produced locally were sold in green markets, therefore, supply of food for the ill was regulated by a special act in 1923. Direct purchase of food applied only to food-stuffs that enabled it by nature and method of selling, i.e. vegetables, fresh fruit, poultry. In order to protect the state interest in supply and get the most favourable prices by involving a greater number of sellers, it was necessary to regulate the conditions, method of supply and purchase. Food that could be preserved for longer (fat, sugar, coffee, beans, rice, potatoes, cabbage, onions) was supplied according to certain calculations, while for meat, milk and cheese, average regular quantity needed was to be prescribed for certain institutions, and later for certain periods of the year. ВА, П 17, к. 287, ф. 1, д. 10/2. Министарство војске и морнарице начелнику санитетског одељења Е. Бр. 3867 од 30. октобра 1923.

8 *Војно-санитетски стипендијски годишњак Краљевине СХС 1920–1926*, Београд, 1926, 38.

9 *Ibid*, 39.

10 *Ibid*, 52–53.

A more detailed report was given two years later, in which real conditions were determined for each garrison and military area, and objections were made. In the garrison of Priština, the barracks for soldiers were adequate, and each recruit had his own bed with a set of bedsheets.¹¹ In Kosovska Mitrovica, the barracks of 24th infantry regiment were of Turkish type, built from strong material, but with faulty leaking roof and rotten floor. Dining rooms were placed outside in the summer, and in corridors during the winter, because there was not enough space in other facilities to install it. Sub-officers had their own dining room, separate, in one of the rooms of the barracks. Kitchens were made of weak building material, walls were regularly painted, and dirty water drained by canals into the river Sitnica.¹² The barracks of 30th infantry regiment in Prizren were renovated, with ample rooms for soldiers, where each soldier now had his own bed. There were no dining rooms, so the soldiers ate in their rooms in winter. The kitchen was in a good state, and the staff regularly checked by the military doctor. Washrooms for soldiers were not built, so the soldiers washed themselves in dormitories. There was no bathroom for soldiers, which meant that soldiers had their bath in the bathroom of the National Health Centre once a week. Despite this, hygiene was at a good level, while lice and skin diseases were eradicated.¹³ In Đakovica, barracks were in a similar state, although there was more room for accommodation of soldiers. The barracks in Peć, the home of 2nd battalion of 24th infantry regiment offered good conditions for living, they were regularly painted and cleaned of bed bugs. Dining room did not exist, whereas the kitchen was positioned in an old demolished building.¹⁴

Accommodation for soldiers in Novi Pazar did not meet hygiene requirements. The barracks were old, Turkish style, almost in ruins, without elementary housing conditions. The barracks in Uroševac also provided decent accommodation for recruits, only the infirmary was placed in an old Turkish type building. Hygiene of soldiers was strictly observed, and health checks performed every week.¹⁵

Recruits received medical treatment in military hospitals, often the only health facilities in the territory of Kosovo and Metohija. According to data of the Ministry of national health, for instance, military hospital in Peć enabled health check ups of civilians, providing for this purpose special rooms.¹⁶

A fee for treatment of military persons was introduced in civilian hospitals.¹⁷ This cooperation with civilian structures meant, first of all, treatment of military

11 *Војно-санитетски статаистички годишњак Краљевине СХС 1926–1927*, 140–151.

12 *Ibid*, 151–153.

13 *Ibid*, 153–156.

14 *Ibid*, 158–160.

15 *Ibid*, 160–164.

16 Архив Југославије (АЈ), фонд 39 Министарство социјалне политике и народног здравља, ф. 2, Министарство народног здравља окружном начелству у Пећи бр. 18999 од 3. септембра 1920.

17 *Ibid*, Допис Министарства социјалне политике и народног здравља бр. 370046 од 27. јула 1929.

persons in civilian hospitals. In annual checks of infectious diseases, participation of civilian health facilities in treatment of soldiers could be observed, with regard to their equipment and the fact that the only significant military-medical facility was the Kosovo permanent military hospital in Kosovska Mitrovica, whereas in other garrison sites infirmaries of lower capacity were constituted. At the time of the Albanian border conflict, a military hospital was founded in Peć, and considering the state of emergency, civilians were also treated there.¹⁸ Treatment problems of soldiers in civilian hospitals were mainly solved at the level of division areas and district authorities. On its part, the army had to fund treatment expenses of the soldiers, but also to procure civilian facilities with material. As early as 1920, it was approved at the level of the ministries to supply civilian hospitals which gave treatment to soldiers, with most needed quantities of medical material and medicines from permanent military hospitals in the territory of the division.¹⁹

A similar deal was made some time earlier between the Ministry of internal affairs and the Ministry of national health, regulating health protection of gendarmes. Since the gendarmerie command did not have credit at their disposal to cover the cost of treatment of their members, and gendarmes were examined free of charge wherever there were medical doctors, free medical assistance was asked for.²⁰ Finally, a decision was made that civilian hospitals should treat sub-officers, soldiers and gendarmes for a certain fee.²¹

The benefits of this cooperation are best illustrated in the example from 1924, when district hospital Priština provided treatment for 114 soldiers with infectious diseases (7 deceased), whereas the one in Prizren provided for 546 (14 deceased).²²

Data from the territory of the Kosovo division area for April, May and June of 1924 show that the costs for treatment of sub-officers, soldiers and gendarmes amounted to 9.239 dinars, and there was demand that this amount be approved as a regular loan for nutrition, medicines and firewood.²³ In any case, cooperation of civilian and military health facilities was efficient, regarding the situation in this territory which called for serious effort in prevention and cure of diseases.

18 In military hospital in Peć, civilians and prisoners could be examined only in case of a vacancy. Therefore, a request was made to district authorities to provide a room where patients with milder symptoms would be treated. *Ibid.*, 39, Ф 2. Министарство народног здравља окружном начелству Пећ Бр. 18999 од 3. септембра 1920.

19 *Ibid.* Министарство војске и морнарице Министарству народног здравља Л. О. Бр. 46496 од 16. јуна 1920.

20 *Ibid.*, Ф 3, Министарство унутрашњих дела Министарству народног здравља Бр. 5584 од 13. априла 1920.

21 *Ibid.* Министарство социјалне политике и народног здравља С. Бр. 370046 од 27. јула 1929. A fee of 28 dinars was charged per day, while treatment of an ill patient was charged 20-110 dinars per day, depending on the hospital. Министарство социјалне политике и народног здравља Сан. Бр. 37800 од 1. августа 1929.

22 *Војно-санитетски статаистички годишњак Краљевине СХС 1920–1926*, 16–17.

23 ВА, П 17, К 287, Ф 1, 15/1–2. Приштинска окружна болница месној контроли при окружној финансијској управи Бр. 1230 од 16. јула 1924.

Hygienic measures were enforced by troop doctors and military commanders. However, despite efforts of authorized bodies, 3rd army group was the leader in the number of deceased military persons. Statistically speaking, the number of deceased in the territory of army groups would be, as follows:

Table 3: *Rates of deceased persons in the territory of army groups*²⁴

Army group	I		II		III		IV		V	
	ill	dead	ill	dead	ill	dead	ill	dead	ill	dead
1922.	8983	248	3735	123	6534	179	3282	126	–	–
1923.	6241	95	3953	80	15728	191	2435	68	–	–
1924.	10796	168	5483	159	12280	265	3983	114	–	–
1925.	6094	64	5339	174	7332	117	3452	90	–	–
1926.	5343	81	4408	69	4632	70	3201	60	2833	30
1927.	5855	53	4915	71	6495	73	3195	45	2204	41
1928.	6471	127	5203	93	12637	110	2988	49	2962	43
1929.	5628	70	4180	89	8953	129	2657	59	1907	37
1930.	1946	27	4072	58	5871	39	2409	24	1736	22
1931.	1231	32	3922	50	7128	73	4068	97	1525	27
1932.	1361	23	2512	47	4349	43	2472	39	1620	27
1933.	910	14	3043	44	4204	40	3548	78	1476	24

The above mentioned data shows that the 3rd army group had the highest mortality rate of soldiers and sub-officers in the period 1923-1925, which coincides with previous reports on the situation in garrisons and participation in improving conditions for living and working. Other sources provide information for the Kosovo division area in 1921, when 24 soldiers, gendarmes and sub-officers in total died in the Kosovo permanent military hospital.²⁵ 33 people died in 1923.²⁶ Most of them died from wounds, but also from lung diseases, typical of other military districts as well.

According to data shown, the highest mortality rate of soldiers from the 3rd army group was from the following diseases:²⁷

24 Table based on: *Војно-санијетски статаистички годишњак Краљевине СХС 1920–1926*, 6–11; *Војно-санијетски статаистички годишњак Краљевине СХС 1926–1927*, 10–11, 26–27; *Војно-санијетски статаистички годишњак Краљевине Југославије 1928–1930*, Београд, 1932, 6; *Војно-санијетски статаистички годишњак Краљевине Југославије 1931–1933*, Београд, 1934, 6.

25 ВА, П 17, к. 911, ф. 12, д. 1/1–5. Преглед умрлих војника, жандарма и подофицира у Косовској сталној војној болници за 1921.

26 *Ibid*, д. 2/1–2. Преглед умрлих војника, жандарма и подофицира у Косовској сталној војној болници за 1923.

27 *Војно-санијетски статаистички годишњак Краљевине СХС 1920–1926*, 6–11; *Војно-санијетски статаистички годишњак Краљевине СХС 1926–1927*, 10–11, 26–27; *Војно-санијетски статаистички годишњак Краљевине Југославије 1928–1930*, Београд, 1932, 6; *Војно-санијетски статаистички годишњак Краљевине Југославије 1931–1933*, Београд, 1934, 6.

Year	Typhus abdominalis		Tuberculosis		Pneumoniacrouposa	
	ili	dead	ili	dead	ili	dead
1922.	128	37	159	76	112	25
1923.	125	25	264	61	230	28
1924.	133	46	206	69	517	49
1925.	196	33	142	30	330	23
1926.	49	13	70	14	248	20
1927.	85	19	79	16	251	8
1928.	64	14	129	23	468	28
1929.	75	28	124	46	237	15
1930.	53	10	68	8	257	/
1931.	10	3	96	39	223	19
1932.	31	7	110	11	135	11
1933.	19	/	158	12	128	5

The table shows improvement in health protection, more precisely, in prevention and cure of diseases, with regard to the fall in number of sick persons, especially the fall in mortality rate in soldiers. Considering the fact that, at the beginning of 1920s the number of deceased of tuberculosis, for instance, exceeded 50 to decline to average 10 per annum, participation of military authorities and medical staff in military medical centers proved to be successful.

Tuberculosis was the most common fatal disease, as data show. The garrisons informed the public only about those clinical cases potentially dangerous for other people. Since confirmation of tuberculosis asked for an x-ray finding, in certain areas almost positive tuberculosis cases were not informed due to lack of x-ray apparatus (Новаковић 1933, 456). Considering the fact that Yugoslavia was at the top of the list in Europe regarding mortality rate of tuberculosis, such condition reflected back on the army too. For instance, 1.580 soldiers with tuberculosis were reported in the army in 1924, 232 out of whom died. In 1928 and 1929, the number exceeded 1.400 cases, with somewhat lower mortality rate though. The problem with statistics of this disease was that cases of tuberculosis were immediately eliminated from the army, before undergoing medical procedure. Hospitals mainly confirmed diagnoses in unclear cases. Therefore, in order to determine mortality rate in this case, statistics of soldiers dismissed from the army proved to be more valid than medical statistics (Новаковић 1933, 457).

The second most common deadly disease was typhoid fever. Despite regular vaccination and revaccination after six months in Yugoslavia after the World War I ended, figures were alarming. According to Novaković, the reason was as follows: *“Maybe the conditions in our nation and the army respectively, are such that severe infections occur frequently suppressing immune response and leading to manifested disease. The reason for this could be the vaccine itself (vaccine strain, method of preparation) or irrational application of it. Thus, in case of poor organization and insufficient control, some soldiers can remain unvaccinated, or insufficiently immunized-without the second vaccine shot”* (Новаковић 1933, 463).

A good solution could be found in centralized preparation of the vaccine itself, vaccination control and monitored course of infectious diseases.

Pneumonia took the third place in frequency, not only in local garrisons, but at the level of the army as a whole. Looking at the data for 1931, the number of the sick in the whole army was 1.410, with morbidity rate of over 11%. Irregular keeping of statistical data is a problem here as well, particularly on the part of civilian hospitals treating the recruits (Новаковић 1933, 428).

Malaria was very widespread in the territory of the river Vardar area, affecting also the 3rd Army group. Poor hygienic habits, especially in southern parts of the country, contributed to periodic outbursts of some diseases, which called for long term treatment and thorough measures in preventing the contagion. The main problem here was the fight against malaria, disease typical of southern areas. Malaria is a seasonal disease, transmitted by mosquitoes and occurs during the summer. Statistically speaking, its intensity rises from May ending with August, which means that almost $\frac{3}{4}$ of all disease cases occurred in that period. Soldiers of the 3rd Army were typically infected with this disease, affecting almost the whole units, particularly the ones spending time in the terrain abounding in mosquitoes. The rates of both disability and mortality of the units were mainly caused by malaria. In 1923, 11.185 recruits in total were treated for malaria in the whole army, out of whom 8.145 in the territory of the 3rd army group. Two years later, out of 5.833 malaria cases in total, 2.964 were those of the 3rd army group.²⁸

Since malaria was the most represented infectious disease, theoretically speaking, the average morbidity rate in the period 1924–1930 was 139,7 per a thousand soldiers, which meant that every seventh soldier was sick with this disease (Новаковић 1933, 419).

A medical report for the Kosovo division area noted 1.814 soldiers sick with malaria, mostly in Prizren, Đakovica and Kosovska Mitrovica, while 1.318 soldiers were sick with all other infectious diseases together.²⁹ Doctor Novaković characterizes Đakovica as a critical garrison in the Kosovo division area (Новаковић 1933, 419), but statistics show that Prizren was obviously more critical. In 1924, 204 soldiers were treated for malaria in Prizren civilian hospital, following after Ohrid (322) and Veles (207 soldiers). Two years later, Prizren was far ahead of other garrisons, with 386 sick soldiers.³⁰ The situation was alarming in 1928, when out of 841 sick soldiers in total, 558 were from Prizren garrison.³¹

Since the cause of malaria lay in terrain and climate conditions, land restoration was necessary as a preventive measure, which was possible only in the vicinity of the garrison, while the wider area remained marshland and called

28 *Војно-санијетски статаистички годишњак Краљевине СХС 1920–1926*, 8–11.

29 *Ibid*, 52.

30 *Ibid*, 14–15, 18–19.

31 *Војно-санијетски статаистички годишњак Краљевине СХС 1928–1930*, Преглед кретања заразних болести и умирања војника по грађанским болницама.

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Далибор З. БЕЛОЈИЋ

СМРТНОСТ ВОЈНИКА НА ТЕРИТОРИЈИ КОСОВСКЕ ДИВИЗИЈСКЕ ОБЛАСТИ 1919–1934

Сажетак

На територији Косовске дивизијске области након завршетка Првог светског рата, услови у којима су деловали гарнизони, према свим извештајима инспекција, означени су као прилично лоши, што је и један од главних узрока разбољевања, али и смртности. Неретко су се подударале епидемије које су захватиле становништво једне области и војнике у касарнама. У таквим условима војне власти су предузимале мере преко својих здравствених органа, али и преко самих официра које би обезбедиле услове за квалитетнији живот и рад регрута, али и становништва, што је војну организацију уврстило међу значајне факторе модернизације у друштву. Војни објекти, наслеђени из времена турске окупације, захтевали су темељну реконструкцију ради побољшања елементарних услова за живот и рад. Поред тога, сама средина није пружала никакве погодности, с обзиром на врло низак квалитет живота локалног становништва. Смртност војника, ако се изузме период сукоба на граници са Албанијом, била је већа двадесетих година, да би се касније стање побољшало. Ангажовање власти првих година након рата очигледно да је било недовољно, с обзиром на примедбе учињене од стране инспекција. Приликом санитетског рапорта за 1924. годину наведене су лоше смештајне прилике, нехигијенски станове и минимална кубатура зграда у којима војници живе.

У наредним годинама постигнут је успех тако што је смањен број оболелих, али и умрлих регрута, иако су поједине болести, као туберкулоза, трбушни тифус, маларија и запаљење плућа и даље представљале велики проблем за надлежне. Побољшање је износило толико да је Косовска дивизија била у знатно бољем положају од осталих. Такви резултати постигнути су, пре свега, упорним ангажовањем војних власти по гарнизонима, али и побољшањем хигијенских услова.

Кључне речи: Војска Краљевине Југославије, Косово и Метохија, Косовска дивизијска област, смртност, маларија, туберкулоза, трбушни тифус, запаљење плућа.

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